

| POSITION                         | INITIALS | ID NO. | DATE    |
|----------------------------------|----------|--------|---------|
| <b>FEES DETERMINATION</b>        | DT       |        | 7-20-03 |
| <b>O.I.P.E. CLASSIFIER</b>       | FCI      | 11     | 7/24/04 |
| <b>FORMALITY REVIEW</b>          | FM       | 549    | 8/29/00 |
| <b>RESPONSE FORMALITY REVIEW</b> |          |        |         |

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim | Final | Original | Date    |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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